

# Nebraska Workers' Compensation Court

## Order Form

(No Charge Items)

### Ship To:

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Nebraska Workers' Compensation Court

P. O. Box 98908

Lincoln, NE 68509-8908

Phone: 402-471-6468 or 800-599-5155

FAX: 402-471-2700

Web site: <http://www.wcc.ne.gov/>

### OFFICE USE ONLY

Paid by: Check \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Mailed \_\_\_\_\_  
 Picked Up \_\_\_\_\_

### Single Forms (Limit of 10 per order — Copies can be made)

# SGL	Form Number/Item Name	# SGL	Form Number/Item Name
	Form 1—First Report of Injury/Illness (Rev. 03/02)		Form 4—Subsequent Report (Rev. 03/02)
	Form 12—Insurance Coverage (Rev. 6/95)		

### Single Pamphlets or Packages (Limit of 4 Packages)

# SGL	# PKG	Item Name
	(25)	Rights & Obligations (English 10/03)
	(25)	Rights & Obligations (Spanish 10/03)
	(50)	Choosing a Doctor for a Work-Related Injury (English 11/99)
	(50)	Choosing a Doctor for a Work-Related Injury (Spanish 11/99)
	(25)	Vocational Rehabilitation Services under Workers' Compensation (English 2/01)
	(25)	Vocational Rehabilitation Services under Workers' Compensation (Spanish 2/01)
	(50)	Informal Dispute Resolution and Mediation (English 1/00)

### Single Forms

Quantity	Form Number/Item Name	Quantity	Form Number/Item Name
	Form 63-1—Request for Independent Medical Examiner (9/01)		Form 50—Choice of Doctor (English 1/97)
	Form 67-2—Notice of Agreement to use a Named Independent Medical Examiner (7/97)		Form 50—Choice of Doctor (Spanish 8/97)
	Form 10T—Termination of Corporate Officer Waiver (Rev. 12/96)		

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**Note:** Many of the items below are available on our Web site (<http://www.wcc.ne.gov/pubs.htm>) for downloading and printing.

Quantity	Forms and Publications	Unit Cost	Total
	Law Book (Includes 2004 Legislative Revisions) <b>To order, contact LexisNexis at 1-800-562-1197.</b>		
	Rule Book (Rev. 05/2004)	\$7.00	
	Annual Report (FY 2004)	\$5.00	
	Statistical Report for Injury Years 1998 – 2004 <b>Note:</b> this publication is only available on our Web site ( <a href="http://www.wcc.ne.gov/pubs/98-04statisticalreport.pdf">http://www.wcc.ne.gov/pubs/98-04statisticalreport.pdf</a> ).		
	Schedule of Medical & Hospital Fees <b>To order, contact Ingenix, Inc. at 1-800-464-3649.</b> - For 2004 Schedule, request item number 4587 (book only) or 4588 (book and CD).		
<b>Payment should be only for publications and/or services indicated on this order form</b>		<b>Total Due</b>	

### All orders must be prepaid before shipping — either by check or money order

Service and handling charges are included in the listed cost of each item. Forms may be picked up at the court's location, 13<sup>th</sup> Floor, State Capitol. Please call ahead to be sure your order is ready (if paying with cash, the correct amount is required). Order forms and other information may also be downloaded from the Nebraska Workers' Compensation Court's internet Web site: <http://www.wcc.ne.gov/>. For further information, or if your order is not received within three weeks, please contact the court's information line at either **402-471-6468** or **800-599-5155**.

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